

STANDARD CERTIFICATE OF DEATH

24437

STATE FILE NUMBER

FILED AUG 12 1957

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

3402

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Kansas City		c. CITY OR TOWN Kansas City	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hosp.		Length of stay in lb 50 yrs	
3. NAME OF DECEASED (Type or print) JESSIE M. BULCKENS		4. DATE OF DEATH Month 7 Day 18 Year 57	
5. SEX I Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-2-1883
9. AGE (In years last birthday) 74		10. FUNDING YEAR Months 74 Days 74 Hours 74 Min. 74	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary		10b. KIND OF BUSINESS OR INDUSTRY unknown	
11. BIRTHPLACE (City and state or country) Waverly, Iowa		12. CITIZEN OF WHAT COUNTRY? America	
13a. FATHER'S NAME Frank Bulckens		13b. MOTHER'S MAIDEN NAME Angeline Bearden Fulford	
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 495-384341		17. INFORMANT Mrs. Verna E. Jenkins, K.C., Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Pulmonary metastases DUE TO (c) metaplastic sarcoma of uterus		INTERVAL BETWEEN ONSET AND DEATH 6 hours 1 month 1 year	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 174x			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 10:21 Month 7 Day 18 Year 57 a.m. pm		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY Kansas STATE Kansas	
21. I attended the deceased from July 9-1957 to July 18-1957 and last saw her alive on July 18-1957 Death occurred at 10:21 pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H.E. Smith (Degree or title) M.D.		22b. ADDRESS 411 Nichols Road Kero	
22c. DATE SIGNED July 19-57		22d. LOCATION (City, town, or county) (State) Kansas City, Kansas	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 22, 1957	
23c. NAME OF CEMETERY OR CREMATORY Mt. Hope		23d. LOCATION (City, town, or county) (State) Kansas City, Kansas	
24. FUNERAL DIRECTOR Freeman Mortuary & Chapel		25. DATE RECD. BY LOCAL REG. 7-20-57	
ADDRESS 104 W. 42nd, K.C., Mo.		26. REGISTRAR'S SIGNATURE Neva Marshall	

Th. H. C. Smith

Olga T. Tine

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed

J. H. Freeman

Licensed Embalmer No. *2932*

P. O. Address *H. C. Smith*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

